

**OFFICIAL FILE**  
**ILLINOIS COMMERCE COMMISSION**

**STATE OF ILLINOIS**

**ILLINOIS COMMERCE COMMISSION**

**APPLICATION FOR CERTIFICATE OF SERVICE AUTHORITY  
UNDER THE PUBLIC UTILITIES ACT**

**ORIGINAL**

ILLINOIS  
COMMERCE COMMISSION

OCT 30 10 11 AM '01

CHIEF CLERK'S OFFICE

Perisho Vending, Inc.

Application for a Certificate of  
Service Authority to provide  
Pay telephone service  
within the State of Illinois.

01-0674

To the Illinois Commerce Commission, Springfield, Illinois:

The Petitioner herein respectfully shows:

1. That the company is a corporation organized and existing under the laws of the State of Illinois.
2. That the post office address of Petitioner is 906 53<sup>rd</sup> St., Moline, Illinois 61265, 309-762-8690 phone, 309-762-8690 facsimile (call first).
3. That Petitioner is authorized to engage in business covered by this application.
4. That Petitioner desires to operate pay telephones in public locations as defined by the Illinois Commerce Commission, and desires further to transact a general coinless or coin pay telephone business rendering telecommunications service for the public in the State of Illinois.
5. The Petitioner will comply with the terms of the State of Illinois regarding pay telephone requirements.
6. That Petitioner states that its coin (coinless) pay telephones will be operated in conformance with the guidelines as set forth by the State of Illinois, and the Federal Communications Commission.
7. That if Petitioner is granted a Certificate of Service Authority it intends to follow the procedures set forth by the State of Illinois for filing tariffs designating the services offered in the tariff as competitive thus exempting it from the provision of The Public Utilities Act and Commission regulations applicable to noncompetitive services provided by telecommunications carriers.
8. That Petitioner requests to be exempted from 83 Ill. Adm. Code 710 and 83 Ill. Adm. Code 735, and any other coeds that need not apply to a C.O.P.T.S.

9. That Petitioner will file with the Commission a tariff showing its rates and charges and conditions of service pursuant to Section 13-501 and 13-502 and in compliance with 83 Ill. Adm. Code 255.30.

WHEREFORE, Petitioner prays:

- (a) that the Illinois Commerce Commission, after a hearing by phone, issue to Petitioner a Certificate of Service Authority to provide public pay telephone service through the resale of local exchange and interexchange telecommunications services from public locations in the State of Illinois;
- (b) that the Petitioner further prays that it be exempted from 83 Illinois Administrative Code 710 and 735 and any other codes that need not apply to a C.O.P.T.S.

By: Anthony J. Perisho, President

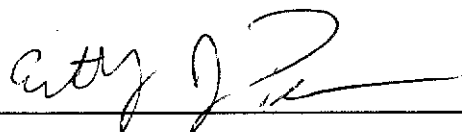
Anthony J. Perisho, President

STATE OF ILLINOIS

COUNTY OF ROCK ISLAND

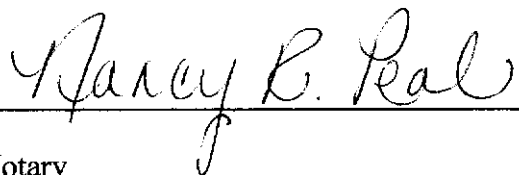
**VERIFICATION**

I, Anthony J. Perisho, first being duly sworn upon oath depose and say that I have read the above and foregoing petition and know the contents thereof; that said contents are true in substance and in fact, except as to those matters stated upon information and belief, and as to those, I believe same to be true.



Anthony J. Perisho

Subscribed and sworn to before me  
this 29th day of October, 2001

  
Notary

(File this application via e-docket, or if unable to do so, file one original verified application with the Chief Clerk.)

Docket No. \_\_\_\_\_  
ICC Office Use Only

Please provide the appropriate information in the ( ) areas in the heading below.

(Applicant's Name) :  
:  
Application for a certificate of :  
(local or interexchange) authority :  
to operate as a (reseller or facilities :  
based carrier) of telecommunications :  
services in (list specific area) in the :  
State of Illinois. :

**APPLICATION FOR CERTIFICATE TO BECOME A  
TELECOMMUNICATIONS CARRIER**  
(Use additional sheets as necessary.)

**GENERAL**

1. Applicant's Name (including d/b/a, if any)

FEIN # 480-86-6431 SSN.

Perisho Vending, Inc.

Address: Street 906 53rd St.

City Moline State/Zip IL. 61265

2. Authority Requested: (Mark all that apply) ☐ 13-403 Facilities Based Interexchange

C.O.P.T.S.

☐ 13-404 Resale of Local and/or Interexchange

☐ 13-405 Facilities Based Local

3. Request for waivers/variances: In applications for local exchange service authority under Sections 13-404 or 13-405, waivers of Part 710 and of Section 735.180 of Part 735 are generally requested. In applications for interexchange service authority under Sections 13-403 and 13-404, waivers of Part 710 and Part 735 are generally requested. Please indicate which waivers Applicant is requesting and explain why Applicant is requesting each waiver/variance.

☐ Part 710 Uniform System of Accounts for Telecommunications Carriers

☐ Part 735 Procedures Governing the Establishment of Credit, Billing, Deposits,  
Termination of Service and Issuance of Telephone Directories for  
Local Exchange Telecommunications Carriers in the State of Illinois

Section 735.180 Directories

Other

4. For all applicants requesting local exchange authority under Section 13-404 or Section 13-405, please complete the following:
- (a) the Standard Questions for Applicants Seeking Local Exchange Service Authority found in Appendix A of this document
  - (b) the 9-1-1 Questions for Applicants Seeking Local Exchange Service Authority found in Appendix B of this document;
  - (c) the Financial Questions for Applicants Seeking Local Exchange Service Authority found in Appendix C of this document; and
  - (d) if applicable, the Prepaid Service Questions for Applicants Seeking Local Exchange Service Authority found in Appendix D of this document.

5. In what area of the state does the Applicant propose to provide service?

Rock Island County

6. Please attach a sheet designating contact persons to work with Staff on the following:

- a) issues related to processing this application
- b) consumer issues
- c) customer complaint resolution
- d) technical and service quality issues
- e) "tariff" and pricing issues
- f) 9-1-1 issues
- g) security/law enforcement

*Operating as a C.O.P.T.S.*

Please identify each contact person's (i) name, (ii) title, (iii) mailing address, (iv) telephone number, (v) facsimile number, and (vi) e-mail address.

7. Please check type of organization?

☐ Individual

☒ Corporation

☐ Partnership

Date corporation was formed Started process on 9-01, waiting for final paper from lawyer.

In what state? IL

☐ Other (Specify)

8. Submit a copy of articles of incorporation and a copy of certificate of authority to transact business in Illinois.

9. List jurisdictions in which Applicant is offering service(s).

Rock Island County

10. Has the Applicant, or any principal in Applicant, been denied a Certificate of Service or had its certification revoked or suspended in any jurisdiction in this or another name?

☐ YES (Please provide details)

☒ NO

11. Have there been any complaints or judgements levied against the Applicant in any other jurisdiction?

☐ YES ☒ NO

If YES, describe fully. \_\_\_\_\_

12. Has Applicant provided service under any other name?

\_\_\_\_ YES ☒ NO

If YES, please list. \_\_\_\_\_

13. Will the Applicant keep its books and records in Illinois? ☒ YES \_\_\_\_\_ NO

If NO, permission pursuant to 83 Ill. Adm Code Part 250 needs to be requested.

#### MANAGERIAL

14. Please attach evidence of the applicant's managerial and technical resources and ability to provide service. This may be in either narrative form, resumes of key personnel, or a combination of these forms.

15. List officers of Applicant.

<u>Anthony J. Perisho</u>	<u>President</u>
<u>Theresa F. Perisho</u>	<u>Vice-President</u>

16. Does any officer of Applicant have an ownership or other interest in any other entity which has provided or is currently providing telecommunications services? \_\_\_\_ YES ☒ NO

If YES, list entity. \_\_\_\_\_

17. How will Applicant bill for its service(s)? (At a minimum, describe how often the Applicant will bill for service and details of the billing statement.)

Operating as a C.O.P.T.S.

18. How does Applicant propose to handle service, billing, and repair complaints? (At a minimum, describe Applicant's internal process for complaint resolution, the complaint escalation process, the timeframe and process by which the customer is notified by Applicant that they may seek assistance from the Commission?)

Operating as a C.O.P.T.S.

19. Will personnel be available at Applicant's business office during regular working hours to respond to inquiries about service or billing? ☒ YES \_\_\_\_\_ NO

20. What telephone number(s) would a customer use to contact your company?

309-762-8690 Operating as a C.O.P.T.S.

21. Will Applicant abide by all Federal and State slamming and cramming laws pursuant to Section 13-902 of the Public Utilities Act and Section 258 of the 1996 Telecommunications Act?

X YES        NO

22. Please describe applicant's procedures to prevent slamming and cramming of customers? Does not apply to C.O.P.T.S.

23. If granted authority to operate as a local exchange carrier, will the applicant abide by the following 83 Illinois Administrative Code Parts: 705, 710, 720, 725, 730, 735, 755, 756, 757, 770, and 772?

X YES        NO (If no, please provide an explanation.)

24. Is Applicant aware that it must file tariffs prior to providing service in Illinois?

       YES        NO Does this apply to C.O.P.T.S.?  
I will pay all taxes re. services.

#### FINANCIAL

25. Please attach evidence of Applicant's financial fitness through the submission of its most current income statement and balance sheet, or other appropriate documentation of applicant's financial resources and ability to provide service.

#### TECHNICAL

26. Does Applicant utilize its own equipment and/or facilities?        YES        NO Does not apply to C.O.P.T.S.

If YES, please list the facilities Applicant intends to utilize. Also include evidence that Applicant possesses the necessary technical resources to deploy and maintain said facilities:

\_\_\_\_\_  
\_\_\_\_\_

If NO, which facility provider(s)'s services does the Applicant intend to use?

\_\_\_\_\_  
\_\_\_\_\_

27. Please describe the nature of service to be provided (e.g., operator services, internet, debit cards, long distance service, data services, local service, prepaid local service).

All services that apply to C.O.P.T.S.

28. Will technical personnel be available at all times to assist customers with service problems?

       YES        NO IF it applies to a C.O.P.T.S.

29. If Applicant intends to provide payphone service, will the equipment utilized comply with FCC requirements and Finding (9) of the Commission Order entered in Docket No. 84-0442 on June 11, 1986, including, but not limited to: (a) touch dialing; (b) access to 9-1-1 and "0" operator dialing without use of a coin; (c) rules

governing use of payphones by disabled persons; (d) ability to complete local and long-distance calls; (e) unlimited duration for local calls; and (f) a message explaining the telephone's general operations, dialing instructions for emergency assistance, payphone owner's name, method of reporting service problems and method of receiving credit for faulty calls?   X   YES        NO

Cathy J. Penn President  
(Signature of Applicant) Perisho Vending, Inc.



VERIFICATION

This application shall be verified under oath.

OATH

State of Illinois)  
County of Rock Island) ss

Anthony J. Perisho makes oath and says that he is President  
(Insert here the name of affiant) (Insert the official title of the affiant)

of Perisho Vending, Inc.  
(Insert here the exact legal title or name of the Applicant)

that he has examined the foregoing application and that to the best of his knowledge, information, and belief, all statements of fact contained in the said application are true, and the said application is a correct statement of the business and affairs of the above-named applicant in respect to each and every matter set forth therein.

Anthony J. Perisho President  
(Signature of affiant)

Subscribed and sworn to before me, a Notary Public, Nancy A. Miles  
(Title of person authorized to administer oaths)

in the State and County above named, this 25<sup>th</sup> day of October, 2001.

Nancy A. Miles  
(Signature of person authorized to administer oath)



## Standard Balance Sheet

As of 10/28/2001

<u>Assets</u>	<u>Total</u>
Current Assets	
Perisho Vending-Checking	2,588.89
U-Turn machines	658.00
Accounts Receivable	0.00
Vending Revenue	0.00
Inventory	435.12
Total Current Assets	3,682.01
Other Assets	
Payphones	17,500.00
Shootin Hoops	10,000.00
Total Other Assets	27,500.00
Total Assets	31,182.01
<u>Liabilities and Equity</u>	<u>Total</u>
Total Liabilities	0.00
Equity	
Net Income	1,026.08
Unresolved Equity	30,155.93
Total Equity	31,182.01
Total Liabilities and Equity	31,182.01